

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE - Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-2117

**FUNERAL DIRECTOR AND EMBALMER  
EXAMINATION REGISTRATION  
JURISPRUDENCE AND VITAL STATISTICS**

Please Type or Print Clearly – It is your responsibility to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

**SECTION A - PERSONAL INFORMATION** (All applicants must complete this section)

1	Name	First	Middle	Last
2	Mailing Address	PO/Street:		
		City	State	Zip
3	Telephone (Optional)			

4. Date requesting to take examination: (Check month) ☐ January ☐ April ☐ July ☐ October
5. Do you have a disability that requires any accommodations for taking the examination? ☐ yes ☐ no. If yes, an accommodation request form must be completed (This form is available from the Credentialing Division).

**SECTION B - PHOTOGRAPH** (All applicants must provide a photograph for purposes of identification and admission to the Examination. Applicants may request to have the photograph returned to them following the examination.)

Attach a recent photograph(s) in the space provided to the right, measuring 2" x 3".

Picture must be a frontal view of applicant's head and shoulders.

**SECTION C – ATTESTATION**

I hereby state that I am the person making application, I am of good moral character, and the statements on this application are true and complete.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_ date